Outreach Service
Standards of Care

Definition:

Support for Outreach Services is designed to identify individuals who do not know their HIV status and/or individuals who know their status and are not in care and help them to learn their status and enter care.

Limitations:

Broad activities that market the availability of health-care services for People Living with HIV (PLWH) are not considered appropriate for this service category. HIV prevention education, counseling and testing are not allowable activities under this service category. Outreach providers are required to collaborate with state and local prevention programs.

Services:

Outreach Services are programs that have as their principal purpose identification of people with unknown HIV disease or those who know their status so that they may become aware of and may be enrolled in care and treatment services (i.e., case finding). These services may target high-risk communities or individuals.

Outreach programs must be planned and delivered:

- In coordination with local HIV Prevention Programs to avoid duplication of effort
- Targeted to populations known through local epidemiologic data to be at disproportionate risk for HIV infection
- Targeted to communities or local establishments that are frequented by individuals exhibiting high risk behaviors
- Conducted at times and in places where there is a high probability that individuals with HIV infection will be reached
- Designed with quantified program reporting that will accommodate local effectiveness evaluation.

Individual outreach is defined as activities aimed at locating individuals who are aware of their HIV status so that they may be successfully linked into Primary Medical Care. Individuals who are not aware of their HIV status should be linked to Early Intervention Services (EIS) or a collaborative prevention program. Activities should be conducted in such a manner as to reach those known to have delayed seeking care.

Outreach services may include both case finding and consumer recruitment through street outreach. Street outreach activities should be designed to find individuals who are at high risk of HIV and to refer those individuals into care and treatment services (such as Early Intervention Services (EIS), Outpatient Ambulatory Medical Care (OAMC) and Medical Case Management (MCM). Case finding activities should also be targeted to reach populations known to be at disproportionate risk for HIV infection, as demonstrated through local epidemiologic data.

Outreach Services should be continually reviewed and evaluated to maximize the probability of reaching individuals who know their HIV status but are not actively in treatment.

Quantified program reporting is required to assist local planning and evaluation efforts.

Agency/Personnel /Staff Training

Staff Qualification	Expected Practice
Agency Policies and Procedures	The agency shall have policies/procedures for each of the following: -Client rights and responsibilities, including confidentiality guidelines -Client grievance policies and procedures -Data collection procedures and forms, including data reporting -Guidelines for language accessibility -Collection of client satisfaction and methods to address collection client feedback
Staff Qualifications Staff should be knowledgeable and experienced regarding HIV outreach and the HIV continuum of care (i.e. care and clinical resources).	Staff and volunteers who provide outreach services shall possess the following: -Knowledge about and experience working with underserved populations -Knowledge of and ability to effectively utilize interviewing, assessment and presentation skills and techniques in working with a wide variety of people –Knowledge of community resources available to eligible persons so that appropriate effective referrals can be made -Skills and experience necessary to work with a variety of HIV/AIDS service providers, including other outreach workers, case managers and interdisciplinary personnel and consumers who are culturally and linguistically diverse Each outreach supervisor, staff and volunteer shall hold a valid Texas driver's license and proof of liability insurance, if needed, to carry out work responsibilities.

Staff Education	Within the first (3) months of hire, 16 hours of training for new staff and volunteers shall be given which includes but not limited to: -Specific HIV-related issues • Substance abuse and treatment • Mental health issues • Domestic violence • Sexually transmitted diseases • Partner notification • Housing Services • Adolescent health issues • Commercial sex workers • Incarcerated/recently released • Gay/lesbian/bisexual/transgender concerns -Continuum of care for HIV+ including the process of referring a client to a medical intake site -Safety protocols for staff and volunteers governing the manner in which outreach services will be provided Staff must receive at least 12 hours annually of training to maintain current knowledge about outreach, including information about advances in medical care and treatment of PLWHA. Personnel records will reflect completion of training.
Supervision	All non-professional staff must be supervised by a degreed or licensed individual in the fields of health, social services, mental health or possess equivalent experience. Supervisors must review a 10 percent sample of each staff member's client records each month for completeness, compliance with these standards, and quality and timeliness of service delivery. Each supervisor must maintain a file on each staff member supervised and hold supervisory sessions at least monthly. The file on the staff member must include, at a minimum: -Date, time, and content of the supervisory sessions -Results of the supervisory review addressing, at a minimum of completeness and accuracy of records, compliance with standards and effectiveness of service

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Standard	Measure
Outreach Program According to HRSA National Monitoring Standards develop and implement an outreach program.	Program will outline the scope and components of the outreach: -Targets individuals who do not know their HIV status or know their status and need linkage to services -Defines targeted populations and communities -Outlines documentation of the number of individuals reached, referred for testing, number of positives found, number referred to care, number engaged in care to evaluate the effectiveness of the program Program should operate its outreach program under a structured referral process, ensuring that contacts are referred to early intervention programs or other designated intake sites. Program should be flexible regarding the hours during which outreach activities are conducted to ensure that appropriate and effective contacts are most likely to be made.
Collaboration with Service Providers	Program will establish Memorandums of Agreement/Understanding to facilitate collaboration with service providers to who outreach contacts may be referred.
Referral	Staff will follow-up on referrals to determine whether the contacts accessed medical care and/or other services to ensure that they continue receiving said services and to avoid duplication and to prevent client abuse of the care system.
Documentation	Maintain written documentation: -Number and type of outreach contacts -Number of PLWHA re-engaged in services -Number of newly diagnosed linked to services -Number of referrals that are made and what follow-up with outreach contacts were conducted Client documentation will include: -Linkage to services

	• If HIV+ attendance at first medical care appointment • If HIV- referral for risk reduction -Follow-up status from referral

References

HRSA/HAB Division of Metropolitan HIV/AIDS Programs Program Monitoring Standards – Part A April 2013. p. 32-33.

HRSA/HAB Division of State HIV/AIDS Programs National Monitoring Standards – Program Part B April, 2013. p. 30-31.